

# ADOT ON THE JOB TRAINING TRAINEE ENROLLMENT FORM

## TRAINEE INFORMATION (Please print clearly)

First Name:	Middle Name:	Last Name:
Street Address:	City, ST Zip:	
Mailing Address:	City, ST Zip:	
Home Phone:	Cell Phone:	
E-mail Address:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employee Status:	<input type="checkbox"/> New Hire <input type="checkbox"/> Change of Craft	
Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> White	
Disadvantaged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## WERE YOU PREVIOUSLY ENROLLED IN A OJT HIGHWAY CONSTRUCTION PROGRAM?

If YES: What program? \_\_\_\_\_ Classification? \_\_\_\_\_ What Level? \_\_\_\_\_

<b>TRAINING PROGRAM</b> (Please select one)	<input type="checkbox"/> ADOT OJT PROGRAM <input type="checkbox"/> APPROVED APPRENTICESHIP PROGRAM	
Union:	Local Number:	
Classification (Trade):	Federally Funded Projects Level (Pay Rate %):	
Previous Trainee Certification (if applicable):	Credit for Previous Training (hours and pay %):	
Training Start Date:	Term of Training (in hours):	Level:

## OTHER INFORMATION

Are you 18 year of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever served in the military?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about us?		High school Diploma or equivalent (GED)	YES <input type="checkbox"/> NO <input type="checkbox"/>

This area is for ADOT use only

BECO Field Compliance Approval	Date	Title